



Filing Checklist

Coversheet checklist:

- Commercial Insured"/(ECP)* column
- Insured name
- Transaction type
- Policy number
- Premium
- Stamping fee
- State tax
- Invoice date
- % of California premium if multi state risk
- Reason for late filing, if applicable

*To determine if the insured qualifies as a “commercial insured” please go to this link: <http://www.slacal.com/docs/default-source/general-content-documents/NRRA-Docs/ecp-checklist.pdf>

Declaration page checklist:

- Policy number
- Insured name
- Policy period
- Name of insurer, or
- Syndicate list and percentage of participation for policies with multiple insurers
- Type of coverage
- Premium amount
- Taxable fees

SL1 checklist:

- First and last name of individual licensee who completed the SL1 form
- Individual license number or organization name and organization license number
- Policy number matches the policy number on the declaration page
- Insured name matches the insured name on the declaration page
- Insured address
- Description of risk, or what is being insured
- Physical location of risk
- Coverage code
- Full name of non-admitted insurer that matches the name of the insurer on the policy declaration page
- Insurers' percentage of participation
- Signature of individual licensee who completed the SL1 form
 - Typed computer font is not acceptable
 - [Click Here](#) for acceptable digital signatures



- SLA guidelines for acceptable digital signatures:
<https://learningcenter.slacal.com/resources/notices/>
- Date of signature must be on or after the month/year of declination dates provided in the Diligent Efforts section

SL2 checklist:

- Full name of individual who performed or supervised the diligent search
- Individual license number or organization name and license number
- Insured name matches the insured name on the declaration page and SL-1 form
- Description of risk, or what is being insured
- Coverage code
- Describe the efforts made to place this coverage with 3 admitted insurers
 - Provide the following information for insurer 1, 2, and 3:
 - NAIC ID
 - Month/year of declination that is within one year of policy effective date
 - Full name of Admitted Insurer
 - Contact Information
 - Full name of company representative and telephone number or email address
 - OR**
 - Website Address
- If applicable, describe ***in detail*** how you determined fewer than three admitted insurers write the type of insurance described
 - [Click Here](#) for the latest bulletin 1467
- If the type of the insurance reported is private passenger automobile liability or health complete the “Diligent Search Report Addendum”
- Signature of the individual licensee who performed or supervised the diligent search
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Endorsement (includes cancellations, audits) checklist:

- Policy number
- Insured name
- Endorsement effective date
- Premium amount



- Taxable fees
- For extension endorsements more than 90 days in the aggregate:
 - Completed SL1 form
 - Completed SL2 form, if applicable
 - Full name of company representative and telephone number or email address
 - OR**
 - Website Address
- Month/year of declination that is within one year of policy effective date
- Signature of the individual licensee who performed or supervised the diligent search
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